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DALLAS, TX 75201-2980					(Depositor's nume)			
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APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	ror	A	TTORNEY DOCKET NO.	CONFIRMATION NO.	
09/427,263 10/26/1999		ICHARD HANS HARVEY 063170.6269 2940			2940			
FITLE OF INVENTION: DIR	MALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D		PREV. PAID ISSUE F		DATE DUE	
nonprovisional	NO	\$1400	\$0	_	\$0	\$1400	12/04/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS	\Box				
ALAM, SHAHID AL 210 1. Change of correspondence address or indication of "Fee Address or indication" or indication of "Fee Address or indication" or indication of "Fee Address or indication" or indication or i		2162	707-010000					
Trange of correspondence a CFR 1.363). Change of corresponder Address form PTO/SB/122 The early of the correspondence and the corresp	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
B. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNED	(B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Computer Associates Think, Inc. Islandia, NY								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government								
1a. The following fee(s) are su XIssue Fee Publication Fee (No sm.	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-0384 (enclose an extra copy of this form).							
overpayment, to Deposit Account Number <u>02-0384</u> (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above)								
a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if Juned) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in								
NOTE: The Issue Fee and Pub nterest as shown by the record	lication Fee (if quis of the Unit State	ned) will not be accepted es F tent and Trademark	i from anyone other th Office.	an th	e applicant; a registe	red attorney or agent; or the	assignce or other party in	
Authorized Signature			Date 11/6/07					
Typed or printed name Luke K. Pedersen			Registration No. 45,003					
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.								

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